

CAFO INSPECTION FORM

I. Facility Information:

Facility Name: _____ **Permit Number** _____

Address: _____

County: _____ **State:** _____ **Zip:** _____ **Phone Number:** _____

Legal: _____ **Quarter** _____ **Section** _____ **Range** _____ **Township** _____

GPS _____ **USGS Topographical Quad** _____

On-site Representative: _____ **Contacted?** **Yes** **No**

Responsible Official: _____ **Contacted?** **Yes** **No**

Inspectors Name: _____ **Title:** _____

Phone: _____ **Date and Time of entry** _____ **Date and Time of exit:** _____

Number of employees. _____ **Full time** _____ **Part Time** _____

What is the 25-year, 24-hour rainfall amount for this location (inches)? _____

Surface water body which would receive the discharge from this facility and distance to the surface water body. _____

Additional Items: _____

II. General Operating Information:

1. Type of Facility

___ Year round ___ Seasonal ___ Open Lot ___ Partially Enclosed ___ Enclosed

2. Number of Animals

Animals	Factor	Numbers	Animal Units
Beef (Slaughter/Feeder)	1.0	_____	_____
Dairy	1.4	_____	_____
Swine >55lb	0.4	_____	_____
Horse	2.0	_____	_____
Sheep/lambs	0.2	_____	_____
Poultry (Dry Litter)	0.01	_____	_____
Poultry (Liquid Manure)	0.03	_____	_____
		Total Animal Units	_____

3. Number of days animals are stabled/confined and feed/maintained over any 12-month period.

_____ 45 Days or More _____ Less than 45 Days

4. If there are between 300 and 1,000 AU s confined do they have direct access to water of the United States or do they have the ability to discharged pollutants via a man made conveyance? _____ Yes _____ No

5. Is the facility on a compliance schedule _____ Yes _____ No

6. Comments/Observation

III. Facility Description:

1. Does the existing facility reflect the description in the permit? ____ Yes ____ No
2. If No, explain discrepancies or describe facility if not provided in the permit. (Provide sketch or photo)

3. Comments/Observations

IV. Record Keeping (General)

1. General items

Item	Required		Present	
	Yes	No	Yes	No
Permit on-site?				
Lagoon/waste retention system levels maintained?				
On-site rainfall records maintained?				
Animal inventory?				
Waste disposal records maintained?				
Records maintained for the required period?				
Operations log(s) maintained?				
Maintenance inspections?				
Maintenance log(s)?				
Operations and Maintenance Manual				

2. Comments/Observations

V. Record Keeping (Monitoring)

1. Has the facility had a discharge(s) since the last inspection? Yes No
2. Discharge(s) Reported? Yes No
3. Cause of Discharge Reported? Yes No
4. Date, time, duration and volume of waste discharged reported? Yes No
5. Discharge sampled? Yes No
6. Records as to date and time of sampling, person collecting samples, person(s) conducting analysis, analytical methods, and results? Yes No
7. Other monitoring (edge of field, groundwater etc.) Required? Yes No
- 7.1 If yes, has monitoring occurred. Yes No
- 7.2 Does monitoring comply with requirements. Yes No
8. Comments/Observations

VI. Land Application/Treatment

1. Is the facility required to have a comprehensive nutrient management plan? Yes No
2. Wastewater:
 - 2.1. Adequate lagoon storage volume/free board available? Yes No
(Volume or feet required by Permit _____)
 - 2.2 Is the required storage volume managed to contain rainfall events? Yes No
 - 2.3. Adequate land area available for disposal? Yes No
Area specified in permit _____ or general guidance provided _____

If general guidance provided is method of determination(s) available Yes No

2.4. Acres (Owned/Leased) _____/_____

2.5 Locations/legal descriptions maintained?

2.6 Application equipment available on-site? Yes No

2.7 Description of equipment.

2.7 Records available as to date, location, liquid application rate, and nutrient application rate?
Yes No

2.8 Best Management Practices (BMP s) utilized? Yes No

BMP s:

3. Manure (Solids) Management:

3.1 Manure disposed of on-site? Yes No

3.2 If yes, how disposed?

3.3 If Yes, records maintained as to date, location, application rate and nutrient content?

Yes No

3.4 If No, how and where disposed?

3.5 If No, Records maintained as to whom and when manure was given away or sold.

Yes No

4. Based on information from VI 2 and 3 is the Comprehensive Nutrient Management Plan being implemented? Yes No

5. Comments/Observations

VII. On-site Water Pollution Prevention

1. Is there evidence of erosion, burrowing animals or excessive vegetation growth on either the interior or exterior slopes of the lagoon? Yes No

2. Is extraneous drainage diverted way from confinement areas? Yes No

3. Is secondary containment provide for totally enclosed facilities? Yes No

4. During land application are proper operating practices and BMP s being utilized to prevent either wastewater or sludge from entering water of the U.S.? Yes No

5. Are warning systems and/or emergency shut offs in place to identify/correct system failures or overloads? Yes No

6. Does the facility have an emergency plan to deal with waste management system failures? Yes No

7. Comments/Observations

VIII. Pollution Prevention

1. Does the facility maintain >1320 gallons of oil (in the aggregate) on-site? **Yes** **No**
- 4.1 If yes, does the facility have an SPCC Plan? **Yes** **No**
- 4.2 Is Secondary Containment provided? **Yes** **No**
2. Does the facility have propane tank larger than 2,400 gallons or multiple tanks with an aggregate of over 2,400 gallons and/or chlorine gas cylinders with a total weight of more than 2500 pounds? **Yes** **No**
- 2.1 If Yes, has the facility filed a Risk Management Plan? **Yes** **No**
3. Comments/Observations

IX. FIFRA

1. Are pesticides being utilized on site? **Yes** **No**
- Products:**
2. If Yes are the products being used registered with EPA? **Yes** **No**
3. Pesticides applied by: **Facility personal** **Contractor/Commercial Applicator**
4. If a commercial applicator is using general or restricted use pesticides is he/she certified in the Animal Pest Control category? **Yes** **No**
5. Is the applicator certified as a private applicator, if using pesticides on his/her own or leased land?
Yes **No**
6. Do the pesticides have directions for use on the label for the site they are being used? (E.g., use for rodent control) **Yes** **No**
7. Are pesticide products and/or remaining rinsates disposed of in accordance with label directions.
Yes **No**

X. EPCRA

1. Does the facility have MSDS s for chemicals on hand? Yes No

2. Has the the facility filed a Tier II report for reportable quantities of chemicals on hand?

Ammonia (500 pounds)	Yes	No
Chlorine (100 pounds)	Yes	No
Propane (10,000 pounds)	Yes	No
Nitric Acid (1,000 pounds)	Yes	No

3. Has the facility completed any release calculations?

4. Has the facility had a release above the reportable quantity?

Ammonia (100 pounds)	Yes	No
Chlorine (10 pounds)	Yes	No
Hydrogen sulfide (100 pounds)	Yes	No
Sodium Hypochlorite (1,000 pounds)	Yes	No
Nitric Acid (1,000 pounds)	Yes	No

4. Has the facility submitted a 313 Toxic Chemical Release forms (Form R)? Yes No

SAFE DRINKING WATER ACT

1. Is the facility connected to a Public Water Supply? Yes No

2. If Yes, what system?

3. If No, how is potable water supplied?

4. Does the facility regularly provide service to at lest 25 of the same persons over 6 months per year.

IX. ADDITIONAL ITEMS OR COMMENTS